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APPLICANTS

Patrick C. Marks, Minoa, NY;

Thomas S. Katra, Fayetteville, NY;

** CONTINUING DATA *****

None TMN

** FOREIGN APPLICATIONS *****

None TMN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/28/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS

William W. Habelt
 Carrier Corporation
 P.O. Box 4800
 Syracuse, NY
 13221

TITLE

Multiple frequency helmholtz resonator

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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